

Final/Approved

**VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS
PRESCRIPTION MONITORING PROGRAM
MINUTES OF ADVISORY PANEL**

Thursday March 30, 2006
Department of Health
Professions

6603 West Broad Street, 5th Floor
Richmond, Virginia 23230-1712

CALL TO ORDER: A meeting of the advisory panel of the Prescription Monitoring Program was called to order at 11:05 a.m.

PRESIDING: Kenneth Walker, M.D, Acting Chairman

MEMBERS PRESENT: Randell Clouse, Office of the Attorney General, Medicaid Fraud Unit
Harvey Smith, Virginia State Police (for Capt. Dye)
William Massello III, M.D., Office of the Chief Medical Examiner
Brenda Mitchell, President, Virginia Association for Hospices
Mellie Randall, Department of Mental Health, Mental Retardation, and Substance Abuse Services (for Dr. Evans)
John Barsanti, M.D., Commonwealth Pain Specialists
Jennifer Edwards, PharmD, Walgreen's

MEMBERS ABSENT: None

STAFF PRESENT: Robert A. Nebiker, Director, Department of Health Professions (DHP)
Sandra Ryals, Chief Deputy Director, DHP
Betty Jolly, Assistant Director for Policy Education
Howard Casway, Senior Assistant Attorney General
Elaine Yeatts, Senior Policy Analyst
Scotti Russell, Executive Director, Board of Pharmacy
Dr. Barbara Matusiak, Board of Medicine
Ralph A. Orr, Program Manager, Prescription Monitoring Program

INTRODUCTIONS: Members of the committee and staff introduced themselves and Mr. Nebiker introduced Josh Davda and Ron Hatfield of Optimum Technology, Inc. Optimum Technology, Inc. was awarded the contracts to provide PMP software and perform data collection for the program.

PUBLIC COMMENT: No comments were received.

**DEMONSTRATION OF
NEW PROGRAM
SOFTWARE:** Josh Davda, President and CEO of Optimum Technology and Ron Hatfield, Business Director gave an overview of the new software that the Prescription Monitoring Program (PMP) will be utilizing. Mr. Hatfield gave an overview of the company and how its products help to meet the needs and challenges of programs such as Virginia's. A demonstration of the data collection website and the WebCenter where requests for information may be submitted was given.

DEVELOPMENT OF CRITERIA FOR PRACTITIONER NOTIFICATION REPORTS

Mr. Orr opened the discussion of developing criteria for practitioner notification reports by stating that the program does not really have the data to perform meaningful searches for reports at this time. Mr. Orr pointed out that Nevada and Maine do not use set criteria but their reports are based on the number of reports that can be reasonably processed and tracked by the program and that these criteria change as trends move up or down. For determining criteria for searches, the critical elements are the number of prescriptions, and number of prescribers within a specific time period. Supporting elements are the number of pharmacies and the number of dosage units dispensed. The program software will also be able to perform searches based on regions or areas of the Commonwealth.

Mr. Orr proposed that once the program expansion has been in effect for two months the program would begin threshold searches. The number of reports would be determined by the number of results that can be tracked and these reports would be reviewed by the Program Manager and other selected DHP personnel. The reports would go out with a cover letter (Attachment 1: sample letter from Maine) explaining the report and include resources for the prescriber. A follow-up questionnaire will be sent to report recipients and the program will track the subjects of reports for any changes in behavior. Program staff will compile the reports and prescriber responses for the committee to review at the fall meeting at which time it should be possible to develop final methodology and review procedures for processing the unsolicited practitioner notification reports.

Mr. Orr advised the committee that in order for the committee to view actual data in trying to determine criteria for these reports, the committee will have to enter into a closed meeting. All personal identifying information will be removed from the reports and each committee member will be required to sign an agreement to not further disclose the information. Designees of committee members will not be able to sign this agreement or participate in the closed meeting.

DEVELOPMENT OF RESOURCE INFORMATION AND Q&A's FOR PRACTITIONERS

Mr. Orr introduced Mellie Randall, Manager, Community Program Planning and Standards, Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) who gave an overview of DMHMRSAS, discussed various resources that are available for practitioners, and discussed the capabilities of the local Community Services Boards (CSBs) as an important resource for practitioners. She pointed out that one can access a directory of CSBs at: www.dmhmrzas.virginia.gov/SVC-default.htm. Each CSB has different capabilities but are cross linked with other CSBs to provide a number of services. Ms. Randall presented a Substance Abuse Tool Box, developed by DMHMRSAS, which may be of interest to some practitioners. Dr. Walker suggested that perhaps parts of the material could be extracted and provided to prescribers such as a Drug Abuse Survey Tool and other tools that could be easily used in a busy practice but are not quite as comprehensive as the complete tool box.

First Sergeant Harvey Smith of the State Police Drug Diversion Unit stated that agents from the Drug Diversion Unit are available to talk to healthcare professionals as well as other groups about combating the diversion and abuse of prescription drugs. Mr. Orr pointed out that

diversion and abuse of prescription drugs. Mr. Orr pointed out that practitioners may search online for physicians who are using buprenorphine for treating addiction and that are a number of other resources that are available online from pain management professional associations, pain advocates and others. Mr. Orr stated that links to some of these sites may be listed as references on the new software program.

Mr. Orr discussed questions that have come forth regarding the discussion between healthcare professionals on information contained in program reports. A document with several of the most frequent questions for prescribers and for pharmacists was presented (Attachment 2).

PROPOSED PERFORMANCE MEASURES FOR PMPS

Mr. Orr began the discussion by highlighting the original evaluation workplan for the PMP (Attachment 3). Many of the items in the original plan are effective measurement tools today but beginning in July 2006 additional measures will be required for the twice yearly progress reports for the federal grant funding the program. The final measures will be available after April 15, 2006 and are grouped into 4 areas: measures of input, measures of output, measures of outcome, and measures of impact. Mr. Orr shared the January 2006 progress report which includes some of the proposed measures (Attachment 4). Because of enhancements to the program, Mr. Orr does not believe the program will have difficulty complying with most of the new measures.

PROGRAM UPDATE

Mr. Orr reported that there are currently over 1.8 million records in the PMP database. Thus far, in 2006, the program has processed 707 requests for information compared to 404 requests for the same time period in 2005. Mr. Orr informed the committee that the new software for the program was received on March 20th and that staff received training on March 23-24. Testing on the software is expected to be completed no later than April 21st and pilot use of the software for existing users is scheduled to begin the week of April 24th. Full use of the software to include the PMP WebCenter is planned for May. As for the new requirements for reporting of data, manuals and notification letters were mailed March 21 and 22. Those dispensers in the current PMP area will expand their reporting to include prescriptions dispensed in Schedules II, III, and IV in May and dispensers in the rest of the Commonwealth will begin reporting in June.

Mr. Orr reported on education efforts which have included presentations to the Board of Pharmacy and at the midyear meeting of the Virginia Pharmacists Association. Mr. Orr and Dr. Harp, Executive Director of the Board of Medicine will be participating in a panel discussion at Pulaski Community Hospital on April 6th. DHP is sponsoring a one-day seminar on "Controlled Substances: Use, Misuse, and Abuse" on April 29th at Edward Via College of Osteopathic Medicine in Blacksburg. The target audience is prescribers and pharmacists, with 5.5 hours of CME for MDs and DOs and 5.5 hours of CE for pharmacists from the Board of Pharmacy (Attachment 5). The program is working on articles for newsletters and journals and is receptive to making presentations to organizations throughout the Commonwealth.

Mr. Nebiker asked that committee members consider any need legislative changes to the PMP program, such as authority for a practitioner or pharmacist to be able to share information with other providers treating a particular patient, and that these be discussed as an agenda item at the next meeting.

Dr. Walker asked if a mechanism for a monthly update on program activities for committee members would be possible. Mr. Orr will provide such an update beginning in April.

NEXT MEETING:

The next meeting will be October 4, 2006 at 11 AM. The committee will elect a Chairperson for fiscal year 2007 at this meeting.

ADJOURN:

With all business concluded, the panel adjourned at 1:55 pm.


Kenneth Walker, M.D, Acting Chairman

Attachment 1

From Maine's Prescription Monitoring Program:

Dear Practitioner:

Attached is a Patient Threshold Report from Maine's Prescription Monitoring Program (PMP). The PMP's primary goal is to be a tool for prescribers to aid them in providing care to their patients. This program monitors the controlled substance prescriptions (Schedule II through IV) filled in Maine for potential drug abuse problems by patients. You may be aware of, or have received reports from, the MaineCare program that are similar in nature. The PMP is more comprehensive in that it takes into consideration all methods of payment, not just MaineCare. The attached report, called the Patient Threshold Report, provides a profile of your patient that has surpassed a prescription threshold level. You are listed as one of the practitioners who prescribed controlled substances for this patient.

We are providing the attached profile to you confidentially for informational and assessment purposes. It is OSA's experience that practitioners are often unaware that a patient is receiving controlled substance prescriptions from other practitioners.

OSA requests you to review your records to determine whether this person is your patient and whether you wrote the prescription(s) shown on the attached report. **If you find that any of the prescriptions shown on the report were not, in fact, issued by you, please contact the Program Coordinator at the number below.** If, on the other hand, you find that the prescriptions were issued by you, please consider how you should discuss your concerns with your patient, as you deem appropriate. You may want to keep this letter and report in the patient file or chart.

Please understand that it is not the Office of Substance Abuse's intent to determine how you should conduct your practice. OSA is well aware that some patients have special needs and conditions such as severe or intractable pain that might justify large quantities of controlled substances. On the other hand, OSA is also aware that many times patients who may be addicted to or abusing controlled substances use various mechanisms to obtain excessive prescription drugs. By providing you the attached report, we are not judging the propriety of the patients' or your conduct. Rather, it is OSA's belief that well informed practitioners can and will use their professional expertise to assist patients who may be addicted to or abusing controlled substances. OSA believes that providing you with this information will lead to optimum care for your patient.

Any prescriber can register with GHS Data Management, the State's contractor, and request a patient profile for free. OSA encourages you to use this free service to give better care to your patients. You will find a copy of the registration form attached for your convenience. Please fill it out and fax it to GHS. After you have received confirmation from GHS, you can begin using this valuable tool anytime and get your requests filled in 24 hours.

You can also *register* and *request reports* (once you are registered) *online* at <http://www.ghsinc.com/pmppage.php> Once there enter PMP into the GHS site field at click the "PMP Service Page" Link.

Next you log in with your User ID and Password or to register select NEW USERS and complete the information. From the PMP Home you can then select "Request Patient History Report". Fill out the form and click "Submit". Your request will be sent in and filled within 24 hours barring weekends and holidays. There is also a "Request Portal Quick Guide" to help you through the site available in PDF format at (http://www.ghsinc.com/ghs_com/pmpfiles.jsp).

PMP information is protected by 22 MRSA Section 7251(2). A person, who intentionally or knowingly uses or discloses PMP information in violation of this chapter, unless otherwise authorized by law, is guilty of a Class C Crime. Please keep this information confidential and refer to the attached legal document outlining what can and cannot be done with PMP information.

If you have any questions please contact Chris Baumgartner, PMP Coordinator, at (207) 287-3363.

Enclosure: Registration Form for Patient History Requests & Privacy Guidelines

Questions for pharmacists:

1. A pharmacist, not a pharmacy makes the request for information from the PMP. Can the report be kept as part of the pharmacy records? Is the pharmacist required to keep the report for their own record?

The PMP report may not be kept as part of the pharmacy's records. The pharmacist making the request may make an annotation on the prescription just as he would when verifying a prescription with a prescriber, such as "verified via PMP program." If the report is received in paper form or printed out, the pharmacist should not keep a copy once it has been used to verify a prescription, but should dispose of it by shredding or otherwise rendering it unreadable.

2. What, if any, information may be shared with other pharmacists? If the report contents may not be shared, may a pharmacist suggest to another pharmacist that he request his own report from the program prior to filling another prescription for that patient?

As stated in the law, it is unlawful to redisclose confidential information from the program in any way other than the authorized purpose for which the request was made. A pharmacist may make a request for information to assist in determining the validity of a prescription in accordance with §54.1-3303 which describes the bona fide practitioner-patient-pharmacist relationship and prescription validity. A pharmacist may not redisclose information from the program to another pharmacist but may suggest to the other pharmacist that he/she request a PMP report if they have questions related to a prescription. The pharmacist may place a comment in the pharmacy software indicating an alert to check the PMP prior to filling a controlled substance for a particular patient. The pharmacist may not provide information gleaned from the PMP report to pharmacists at other pharmacies listed on the report.

3. What, if any, information may be shared with a prescriber? If the report contents may not be shared may a pharmacist suggest to a prescriber that prior to writing another prescription for a particular patient that they may want to request a report from the program?

The pharmacist may not redisclose information from the PMP report to a prescriber. However, a pharmacist could inform the prescriber of the prescription(s) he is currently assessing for validity, that he is declining to fill a prescription based on information at his disposal, and suggest that the prescriber may want to request a report from the PMP on this patient.

4. What, if any, information may be shared with a patient?

If a pharmacist fills a prescription, he may counsel the patient just as he normally would based on the review the patient's prescription profile in the possession of the pharmacy, however, information obtained from the PMP may not be disclosed. If a pharmacist declines to fill a prescription, he should follow the requirements of 18 VAC 110-20-270 (D), and, unless the prescription is a known forgery, give the prescription back to the patient. The pharmacist may suggest that the patient contact the prescriber if the patient has questions as to why the prescription is declined. A pharmacist may also inform a patient that he has the right to request a report of his own prescription history from the PMP.

5. Is there a duty to report suspected unlawful behavior to law enforcement?

There is no requirement in Virginia law or regulation that requires a pharmacist to report suspected criminal behavior based on information deduced from a PMP report. If a pharmacist, however, chooses to report suspected unlawful behavior, he may not use the PMP report as the basis and may not disclose the actual report contents. DHP enforcement personnel and agents of the State Police Drug Diversion Unit may open an investigation based on the complaint and then request their own report from the program.

Questions for Prescribers

Q: How can the PMP help a prescriber in his daily practice of medicine?

A: A prescriber may request, with the consent of the patient, information on any patient he is treating or considering to treat. He will receive their prescription history for the time period requested for all Schedule II, III, and IV controlled substances the patient has had dispensed to them. If no prescriptions are found a no-data found report will be generated.

Q Can the report be kept as part of the medical chart of the patient?

A: A prescriber may make a request for information from the program for the purpose of establishing a treatment history for a patient or prospective patient. The report may be placed in the patient's chart with an annotation that it is not to be further distributed for any other purpose. The report is a part of the record showing how the prescriber made his treatment decisions and are the property of the health care entity maintaining them.

Q: What, if any, information may be shared with a pharmacist? If the report contents may not be shared, may the prescriber suggest that the pharmacist obtain a report from the program prior to filling another prescription for a particular patient?

A: The actual contents of the report may not be further disseminated. However, review of a PMP report may prompt a prescriber to call a pharmacy to invalidate refills on an existing prescription he has written or to place conditions, such as notification of all refill requests or a required pain management contract, on filling prescriptions for that patient provided he does not disclose the PMP report as the basis for call.

Q: What, if any, information may be shared with another prescriber? If the report contents may not be shared, may the prescriber suggest to another prescriber that prior to writing another prescription for a particular patient that he may want to request a report from the program?

A: Yes, but the report information may not be redisclosed by the prescriber.

Q: What, if any, information may be shared with a patient? May the prescriber warn the patient that it appears that he is engaging in "doctor shopping" which is a felony offense?

A: The prescriber may not disclose information in the PMP report. The prescriber may use information gleaned from the report when discussing treatment options and plans with a patient without disclosing the actual contents. However, the prescriber may inform a patient of his ability to request his own prescription history from the program.

Q: Is there a duty to report suspected unlawful behavior to law enforcement?

A: There is no requirement in Virginia law or regulation that requires a prescriber to report suspected criminal behavior based on information deduced from a PMP report. If a prescriber chooses to report suspected unlawful behavior, he may not use the PMP report as the basis for such a report, and may not disclose the actual report contents. DHP enforcement personnel and agents of the State Police Drug Diversion Unit may open an investigation based on the complaint and then request their own report from the program.

Attachment 3
VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS
VIRGINIA DEPARTMENT OF STATE POLICE

Evaluation of the Virginia Prescription Monitoring Program

Workplan

Background and Authority In 2002, against the backdrop of reports from the State Police, U.S. Drug Enforcement Agency, the national media, and constituents in southwestern Virginia linking numerous deaths from overdose and other criminal activities to OxyContin® abuse, the Virginia General Assembly passed Senate Bill 425, patroned by Senator William C. Wampler, Jr. It was determined that states that have implemented prescription monitoring programs have the capability to collect and analyze prescription data more efficiently for diversion activity than states which do not. Contingent upon federal or other grant funding, the measure, along with the regulations developed by the Director of the Department of Health Professions, instituted Virginia's current Prescription Monitoring Program (PMP).

Funding for the development of the Virginia's PMP was obtained from the U.S. Bureau of Justice Assistance (BJA) through a grant of the Harold Rogers Prescription Monitoring Program. Based upon the requirements of the enactment clause, it only monitors prescriptions for Schedule II controlled substances and only in the southwestern portion of the state, referred to in the enactment clause as Health Planning District III (see Attachment #2 for a map of the area). The PMP began operation on September 11, 2003. The enactment clause requires that after two years of operation, the Superintendent of the State Police and the Director of the Department of Health Professions must prepare an evaluation of the program to be reviewed by members of the House Health, Welfare, and Institutions Committee and the Senate Education and Health Committee.

The aim of this workplan is to detail the evaluation methodology to be employed in determining the PMP's effectiveness for the BJA grant and for the use by the Director of the Department of Health Professions and Superintendent of State Police in their analysis for the General Assembly. Both outcome and process measures will be employed which are aimed at addressing the need to reduce the abuse and diversion of Schedule II controlled substances in the area without unintended adverse effects on the legitimate uses of these medications.

Evaluation Scope and Methodology

How should Virginia assess its new PMP? An initial review of the recent literature pertaining to the performance of the 18 other existing prescription monitoring programs generally points to improved investigative efficiencies, educational efforts, and the like (Joranson, Carrow, Ryan, Schaefer, Aaron, Good, Eadie, Peine, & Dahl, 2002; U.S. General Accounting Office, May 2002; U.S. Drug Enforcement Agency Office of Diversion Control, 2000). For reference, Appendix #3 from Joranson *et al* provides an overview of the current states' programs. Nevertheless, there has been no real, comprehensive, empirical evaluation of electronic monitoring programs due to their relative recency (Brushwood, 2003). The majority of the evidence from these states has been anecdotal or was expressed solely in terms of static numbers without meaningful context from a policy perspective (i.e., number of arrests but not convictions, reductions in investigative time without consideration of cost, and reduction in the amount of controlled substances in the state without consideration of any adverse "chilling effect" on legitimate prescribing of these substances) and few with any real pre/post-implementation trend analysis.

The aim of the BJA's grant is to enhance the capability of states to collect and analyze controlled substance prescription data. In light of some of the methodological concerns over for the evaluation of those programs, they now require the states to provide performance measure data on at least two "outcome" measures and one "process" measure from the attached chart (see Appendix #4). Although these requirements reflect an improvement over previous evaluation efforts, the evaluation of Virginia's PMP should take it a step further. To provide adequate information for the Virginia General Assembly's decision-making and to maximize the value of this program should it continue, the performance measures on all listed objectives in Appendix #4 should be evaluated, to the degree possible with pre- and post-implementation data.

In addition, Virginia needs to consider something that the BJA's grant evaluators did not focus on – the fact that unintentional adverse effects of any program may occur. Although generally supportive of the investigative efficiencies obtained by prescription monitoring programs, the literature is also replete with concerns about the increased scrutiny potentially reducing legitimate prescribing of controlled substances. This is a significant issue that the General Assembly will need to continue to address given the importance of trust in the patient-physician relationship. The current review must evaluate the PMP's impact on legitimate prescribing of Schedule II medications.

To address the objectives with the performance measurers described in Appendix #3) the data sources currently available, in addition to PMP's own include:

- State Police Drug Diversion Unit (arrest, manpower, training)
- Department of Medical Assistance Services (Medicaid fraud)
- Medical Examiners Office (autopsy data on Schedule II related deaths)
- Supreme Court's Sentencing Commission (arrest/conviction data)
- Department of Health Professions (training, disciplinary data on practitioners/manpower)
- Survey of prescribers on their views of effectiveness/impact of the program
- Pertinent federal data sources: Automation of Reports and Consolidated Orders System (ARCOS), for tracking Schedule II substances from manufacturer to pharmacy; Drug Abuse Warning Network (DAWN), for tracking hospital emergency room data relating to drug overdoses; and the National Household Survey of Drug Abuse, tracking self-reported "non-medical use of prescription drugs."
- Data on the number, type and category of requests for information from the PMP.
- Data on the number of prescription records, number of reporting and non-reporting pharmacies received each reporting cycle.
- Literature Review
- Theft/Loss Reports
- Anthem Data

NOTE: Because the PMP currently covers only Health Planning District III, measures will be made for other regions of the state, to the degree possible, and for other state's surrounding District III, again to the degree possible. Also, although Schedule II drugs, only, are covered, assessments concerning diversion rates for other scheduled drugs will be completed.

The Department is attempting to obtain dispensing information in aggregate form from other sources such as Anthem and Medicaid. It is hoped that this information will help determine if changes in prescribing have occurred in both the PMP region and those areas immediately surrounding the PMP region.

Timetable

December 1, 2003	Approval of Workplan
December 10, 2003	Update to the Advisory Committee. Amendment to Workplan (if needed)
February 2004	Progress report to BJA.
March 2004	Request extension of grant period.
Spring, 2004	First Interim Report to the Advisory Committee

July 2004	Progress report to BJA.
Aug./Sept., 2004	Interim Report to the General Assembly
Fall, 2004	Update to the Advisory Committee
February 2005	Progress report to BJA.
Spring 2005	Update to the Advisory Committee
June 2005	Final report to BJA. (Tentative date)
September 2005	Review of evaluation plan by Advisory Committee
October 2005	Final Report to the General Assembly

Appendixes

Appendix 1	PMP law and regulations
Appendix 2	Map and list of counties and cites in the PMP region
Appendix 3	Table of states with prescription monitoring programs
Appendix 4	Table of outcomes and processes for new programs from BJA
Appendix 5	Baseline ARCOS data

U.S. DEPARTMENT OF JUSTICE

Office of Justice Programs

CATEGORICAL/DISCRETIONARY ASSISTANCE PROGRESS REPORT

The information provided will be used by the grantor agency to monitor grantee cash flow to ensure proper use of Federal funds.

No further monies or other benefits may be paid out under this program unless this report is completed and filed as required by existing law and regulations (Uniform Administrative Requirements for Grants and Cooperative Agreements -- 28 CFR, Part 66, Common Rule, and OMB Circular A-110).

1. GRANTEE Virginia Department of Health Professions
2. AGENCY GRANT NUMBER 2003-DD-BX-1002 6
3. REPORT NO. 6
4. IMPLEMENTING SUBGRANTEE None
5. FROM: TO: 07/01/2005 12/31/2005
6. SHORT TITLE OF PROJECT Prescription Drug Monitoring Program
7. GRANT AMOUNT \$612,300.00
8. TYPE OF REPORT REGULAR
9. NAME AND TITLE OF PROJECT DIRECTOR Ralph A. Orr, Program Manager, Prescription Monitoring Program, Department of Health Professions

1. There were 1,393,816 prescriptions records in the database as of 12/31/05.
2. At the end of December the program had processed 1791 requests for information compared to 1238 requests for 2004. Prescribers made 82% of requests and State Police Drug Diversion Unit agents made 15% of requests.
3. The 2005 General Assembly passed and Governor Mark Warner signed legislation to expand and enhance the program based on the recommendations listed in the evaluation report submitted to the General Assembly and submitted with the previous progress report. The law became effective July 1, 2005, with emergency regulations becoming final on July 25, 2005.
4. DHP issued "Request for Proposals" to procure database management software to allow for web-based requests from users of the program as well as other enhancements to the current software in September 2005. With the program ready to expand in size and scope it is essential to obtain maximum efficiency through the use of this type of software technology. Changes in procurement law and requirements to gain approval from other state agencies for the software and data collection caused unforeseen delays; therefore, the contracts were not awarded in 2005 but will be awarded in January 2006. Expanded reporting is expected to begin in April 2006 instead of the projected Fall 2005 date due to the unexpected length of time it has taken to complete the contract process.
5. Program staff has made several presentations to various groups including the Virginia Drug Court Association, Board of Veterinary Medicine and Board of Pharmacy. A planned fall seminar for continuing medical education credits was postponed until April 2006. Articles about the program have appeared in Boards of Pharmacy, Dentistry and Medicine newsletters.
6. The program is continuing the tracking of theft-loss reports, statistics from the Drug Diversion Unit and other data sources to track the effectiveness of the program. There have been no changes in trends since the evaluation report was written in late 2004 with the exception of a slight increase in the number of theft-loss reports received.
7. A new Advisory Committee has been formed and has had its initial meeting. Without the expanded reporting of controlled substances in place there is not sufficient data to assist in developing criteria for patient outlier reports. This goal has been changed to having the criteria developed by September 2006 and providing the reports to practitioners by December 2006.
8. Regulations to replace the emergency regulations are now in the proposed stage and are expected to be finalized well before the expiration of the emergency regulations.

9. The program has hired a full time program manager and an administrative assistant to oversee and conduct the daily operations of the program.

10. Selected program statistics are found on attached page.

Drug Diversion Unit Statistics

- Received 995 complaints in 2004, 498 investigations, 434 arrests
- In 2004, agents in southwest Virginia received 219 complaints, opened 152 investigations and made 50 arrests spending 186 hours doing pharmacy profiles.
- In 2005, southwest Virginia agents have received 278 complaints, opened 182 investigations and made 39 arrests while spending only 8 hours doing pharmacy profiles.

Theft-Loss Reports

Total reports received for the 1st half of 2005 (96) is very close to the number of reports received for all of 2004 (115). If the same rate of receiving reports remains the same through the rest of the year, 2005 will surpass the previous high total of 159 reports in 2002.

ARCOS Data

- The amount of oxycodone and hydrocodone being distributed in wholesale distribution channels continued to increase throughout Virginia at a rate of 16% and 15% respectively between 2002 and 2004.
- Methadone distribution increased 20% between 2002 and 2003, comparison in 2004 is not appropriate as methadone sent to narcotic treatment programs is now included in Automation of Reports and Consolidated Orders System (ARCOS) reports.

2004 Statistics from Office of the Chief Medical Examiner:

544 deaths due to abuse/misuse of prescription drugs were reported in 2004 compared to 538 in 2003.

Three of the four districts reported declines in the number of drug deaths from 2003; however the Central District reported an increase of 35 deaths. Below is a table showing comparing 2003 and 2004 data for selected drugs:

Drug	Central 2003	Central 2004	Northern 2003	Northern 2004	Tidewater 2003	Tidewater 2004	Western 2003	Western 2004
Oxycodone	8	12	11	11	6	22	46	37
Methadone	9	20	17	18	16	15	88	69
Hydrocodone	2	10	2	22	6	13	47	59
Fentanyl	1	6	4	4	2	3	22	22



Virginia Department of Health Professions.

STATEMENT OF NEED

The purpose of this program is to provide information to doctors and pharmacists for an understanding of addiction and the risk of diversion of controlled substances the practitioner's obligation to prevent diversion and how to detect and deal with diversion in the clinical setting. It will also address the need for accurate assessment, treatment planning and documentation. Best clinical and practical approaches for pain management, useful in day-to-day practice, will also be addressed.

WHO ARE THE EXPERTS?

* Elinore F. McCance-Katz, M.D., Chair, Division of Addiction Commonwealth University; *Robin J. Hamill-Ruth, M.D., Virginia Health Sciences Center; * Martha J. Wunsch, M.D., Addiction Medicine, Edward Via Virginia College of Osteopathic Director, Virginia Board of Medicine, Department of Health Department of Health Professions, Past President of the Council on Orr, Program Manager, Prescription Monitoring Program, Committee, National Association of State Controlled Substances

Psychiatry, Department of Psychiatry, Virginia Director, Pain Management Center, University of FAAP Associate Professor, Discipline Chair, Medicine; *William Harp, M.D., Executive Professions; *Robert Nebiker, Director, Licensure, Enforcement and Regulation; * Ralph Department of Health Professions, Executive Authorities.

WHAT ARE THE OBJECTIVES?

The Conference will review the definition of chronic pain and the rationale behind medication choices; and, review alternative therapies, interventions and their place in the treatment taking a comprehensive approach to pain management which multiple treatment options and the need to be vigilant for diversion.

Virginia Department of Health Professions
6603 W. Broad Street, 5th Floor
Richmond, VA 23230-1712
(804) 662-9900
www.dhn.virginia.gov

addiction; present Rx drug abuse research; define approaches to pain management: i.e. modalities, plan. Attendees will understand the importance of incorporates an understanding of addiction,

Controlled Substances: Use, Misuse and Abuse The Role of the Health Professional

Saturday April 29, 2006 8 A.M.-4:15 P.M.
Edward Via Virginia College of Osteopathic Medicine
2265 Kraft Drive Blacksburg, VA 24060



The conference is approved for a maximum of 5.5 hours of continuing medical education. There is no charge for this program which is intended for physicians and pharmacists. Others will be admitted as space is available. Sponsored by the Edward Via Virginia College of Osteopathic Medicine; The Edward Via Virginia College of Osteopathic Medicine is accredited by the Council for Continuing Medical Education of the AOA to sponsor continuing medical education. This activity has been planned and implemented in accordance with the Essential Areas and policies of the Medical Society of Virginia through the joint sponsorship of Lewis-Gale CME Organization and the Department of Health Professions. The Lewis-Gale CME Organization is accredited by the MSV to provide continuing medical education for physicians. The Virginia Board of Pharmacy has approved this program for continuing education as an ACPE certified course. Participants should only claim credit commensurate with the extent of their participation in the activity.

REGISTRATION FORM

Space is limited. Reserve soon.

To assure your reservation, please return prior to the conference to

Virginia Department of Health Professions
6603 W. Broad Street, 5th Floor
Richmond, VA 23230-1712
FAX: (804) 662-9240

Name _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone: _____ Fax _____

E-Mail _____

☐ Yes, I will be able to attend the conference on Saturday, April 29, 2006, including lunch

Contact Jacqueline Burgess, 804-662-9129

Office Administrator,

Prescription Monitoring Program,

Department of Health Professions

With Questions

SATURDAY APRIL 29, 2006

Controlled Substances: Use, Misuse, Abuse? The Role of the Health Professional

8:00 A.M. – 9:00 A.M. REGISTRATION AND CONTINENTAL BREAKFAST

Continental breakfast compliments of The Medical Society of Virginia

9:00 A.M. – 9:15 A.M. WELCOME

Robert Nebiker, Director, Department of Health Professions; Past President, Council on Licensure, Enforcement and Regulation

9:15 A.M. – 9:45 A.M. SEGMENT 1: “RESEARCH FINDINGS ABOUT PRESCRIPTION DRUG ABUSE IN SOUTHWESTERN VIRGINIA”

Martha Wunsch, M.D., Discipline Chair, Addiction Medicine. Edward Via Virginia College of Osteopathic Medicine

9:45 A.M. – 11:15 A.M. “MANAGEMENT OF THE CHRONIC PAIN PATIENT: A BUFFET OF OPTIONS”

Robin Hamill-Ruth, M.D., Director, Pain Management Center, University of Virginia Health Sciences Center

11:15 A.M.-11:30 A.M. BREAK

11:30 A.M. – 12:30 P.M. SEGMENT 1: “CAUSE AND EFFECT IN PRESCRIPTION ABUSE”

Elinore McCance-Katz, M.D., Chair, Division of Addiction Psychiatry, Department of Psychiatry, Virginia Commonwealth University

12:30 P.M. - 1:00 P.M. BOX LUNCH (PROVIDED AT NO COST)

1:00 P.M. - 1:30 P.M. SEGMENT 2: “CAUSE AND EFFECT IN PRESCRIPTION ABUSE”

Elinore McCance-Katz, M.D., Chair, Division of Addiction Psychiatry, Department of Psychiatry, Virginia Commonwealth University

1:30 P.M. – 2:30 P.M. SEGMENT 2: "RESEARCH FINDINGS ABOUT PRESCRIPTION DRUG ABUSE IN SOUTHWESTERN VIRGINIA"

Martha Wunsch, M.D., Discipline Chair, Addiction Medicine, Edward Via Virginia College of Osteopathic Medicine

2:30 P.M. – 2:45 P.M. BREAK

2:45 P.M. – 3:15 P.M. "PAIN MANAGEMENT TOOL BOX"

William Harp, M.D., Executive Director for the Virginia Board of Medicine, Department of Health Professions

Ralph Orr, Program Manager, Prescription Monitoring Program, Department of Health Professions; Executive Committee, National Association of State Controlled Substances Authorities


3:15 P.M. – 4:15 P.M. "CASE PRESENTATIONS, WITH Q & A"

Panel: All Speakers

4:15 CONCLUSION & EVALUATION

5.5 CONTINUING EDUCATION CREDITS OFFERED


Participants will be provided packets the day of the conference to cover credits, how to obtain them, grievance policy, faculty disclosure and commercial support as well as speakers' resumes and other materials of interest.



Department of Health Professions

PREScription MONITORING PROGAM


Development of Criteria for
Practitioner Notification Reports



Department of Health Professions

PRACTITIONER NOTIFICATION REPORTS


- Utilized in Nevada, Maine
- Initial criteria was based on number of reports that could be reasonably processed and tracked by the program
- Criteria changes as trends move up or down



Department of Health Professions

THRESHOLD CRITERIA


- Critical elements
 - Time period
 - Number of prescriptions
 - Number of prescribers
- Supporting elements
 - Number of pharmacies
 - Number of dosage units



Department of Health Professions

PROPOSED PLAN


- Once program expansion (data collection) has been in effect for 2 months begin threshold searches
- Criteria: Determined by number of results that the program can reasonably track. (most extreme)
- Review of reports by Program Manager and other DHP personnel



Department of Health Professions

PROPOSED PLAN

- Reports with cover letter and resources sent to prescribers
- Follow-up questionnaire sent to report recipients
 - Was information useful?
 - What if any action was taken?
 - Comments
- Track subjects of reports for changes in behavior



Department of Health Professions

PROPOSED PLAN

- Compile first reports and prescriber responses for Committee to review at fall meeting
- Develop final methodology and review procedures



Department of Health Professions

PRESCRIPTION MONITORING PROGRAM

Resource Information for
Prescribers
Q&A's



Department of Health Professions

RESOURCES FROM DMHMRSAS

- Substance Abuse Tool Box
- Community Services Board Directory
- Locate substance abuse services in Virginia
www.dmhmrzas.virginia.gov/SVC-default.htm



Department of Health Professions

OTHER RESOURCES

- Buprenorphine Physician Locator
www.buprenorphine.physicians.gov/locate/index.cfm
- Drug Enforcement Agency-Diversion Control
www.dea/diversion/index.cfm
- State Police Drug Diversion Unit
804-674-2779



Department of Health Professions

OTHER RESOURCES

- Board of Medicine Pain Management Guideline
- Possible Resources:
 - Pain Management Professional Associations
 - Pain Advocate Associations
 - Information on Drug Screening (procedures)



Department of Health Professions

QUESTIONS & ANSWERS

Please see handouts



Department of Health Professions

QUESTIONS & ANSWERS

Q: Will the system ever be available in real-time?
A: The current system allows for report generating and response usually within 24 hours of receipt of the request by DHP. A future feature is expected in the fall of 2006 to allow for reports to be automatically sent back to the requestor if the report and request meets certain criteria. This feature will give real-time access to the program data 24 hours a day, 7 days a week.



Department of Health Professions

PERFORMANCE MEASURES

- Please see handout



Department of Health Professions

NEW PERFORMANCE MEASURES

- To be reported beginning with the July 2006 progress report for the Harold Rogers grants for prescription monitoring programs
- Developed by Camevale Associates LLC with the assistance of a work group made of personnel from various states with current programs



Department of Health Professions

NEW PERFORMANCE MEASURES

- Measures are grouped into 4 areas
 - Measures of input
 - Measures of output
 - Measures of outcome
 - Measures of impact



Department of Health Professions

PROGRAM UPDATE

- Over 1.8 million records in database
- 2006 request data:
 - DHP: 17
 - DDU: 73
 - Prescribers: 611
 - Medical Examiner: 6
 - Total 707 requests



Department of Health Professions

PROGRAM UPDATE

- Software deployment
 - Received March 20-21
 - Training March 23-24
 - Testing started, completion expected NLT April 21
 - Pilot use of WebCenter to existing users expected to begin week of April 24
 - Full use of WebCenter planned for May 2006



Department of Health Professions

PROGRAM UPDATE

- Data Collection:
 - Manuals and notification letters mailed March 21-22
 - Reviewing exemption and waiver requests
 - Southwest Virginia expansion, first reporting period in May
 - Entire Commonwealth expansion, first reporting period in June



PROGRAM UPDATE

- Education efforts:
 - Board of Pharmacy report
 - VPHA midyear meeting
 - Panel presentation Pulaski Community Hospital April 6
 - Working on articles for newsletters and journals



SATURDAY, APRIL 29, 2006

- Plan to join us on Saturday, April 29, 9:00 am to 4:00 pm in Classroom 2, Edward Via Virginia College of Osteopathic Medicine 2265 Kraft Drive Blacksburg, VA for a seminar for health providers on "Controlled Substance: Use, Misuse, Abuse: The Role of the Healthcare Professional"